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Bib Data Sheet

CONFIRMATION NO. 1152

SERIAL NUMBER 09/787,000	FILING DATE 03/13/2001 RULE	CLASS 530	GROUP ART UNIT 1644	ATTORNEY DOCKET NO. 2752-33
APPLICANTS Geert Jannes, Leuven, BELGIUM; Heinz-Josef Schmitt, Molssee, GERMANY;				
** CONTINUING DATA ***** THIS APPLICATION IS A 371 OF PCT/EP99/07065 09/22/1999				
** FOREIGN APPLICATIONS ***** EUROPEAN PATENT OFFICE (EPO) 98870203.1 09/24/1998				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance		STATE OR COUNTRY BELGIUM	SHEETS DRAWING 5	TOTAL CLAIMS 12
Verified and Acknowledged Examiner's Signature _____ Initials _____				INDEPENDENT CLAIMS 3
ADDRESS Nixon & Vanderhye 8th Floor 1100 North Glebe Road Arlington, VA 22201-4714				
TITLE Identification of microorganisms causing acute respiratory tract infections (ari)				
FILING FEE RECEIVED 860	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	



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CONFIRMATION NO. 1152

SERIAL NUMBER 09/787,000	FILING DATE 03/13/2001 RULE	CLASS 530	GROUP ART UNIT 1648	ATTORNEY DOCKET NO. 2752-33
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APPLICANTS

Geert Jannes, Leuven, BELGIUM;

Heinz-Josef Schmitt, Molssee, GERMANY;

** CONTINUING DATA *****

This application is a 371 of PCT/EP99/07065 09/22/1999 *SK*

** FOREIGN APPLICATIONS *****

EUROPEAN PATENT OFFICE (EPO) 98870203.1 09/24/1998 *SK*

Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY BELGIUM	SHEETS DRAWING 5	TOTAL CLAIMS 12	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	Verified and Acknowledged Examiner's Signature <i>[Signature]</i> Initials <i>SK</i>			

ADDRESS
23117
NIXON & VANDERHYE, PC
1100 N GLEBE ROAD
8TH FLOOR
ARLINGTON, VA
22201-4714

TITLE

Identification of microorganisms causing acute respiratory tract infections (ari)

FILING FEE

RECEIVED
860

FEES: Authority has been given in Paper
No. _____ to charge/credit DEPOSIT ACCOUNT
No. _____ for following:

<input type="checkbox"/> All Fees
<input type="checkbox"/> 1.16 Fees (Filing)
<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)
<input type="checkbox"/> 1.18 Fees (Issue)

DO/EO BIBLIOGRAPHIC DATA ENTRY

SERIAL NUMBER:	09 / 787000	RECEIPT DATE:	03 / 13 / 01
IA NUMBER:	PCT/ EP99 / 07065	IA FILING DATE:	09 / 22 / 99
FAMILY NAME:	GREET ETAL	DELAY WAIVED (Y/N):	Y
GIVEN NAME:		DEMAND RECEIVED (Y/N):	Y
PRIORITY CLAIMED (Y/N):	Y	PRIORITY DATE:	09 / 24 / 98
NO BASIC FEE (Y/N):	N	US DESIGNATED ONLY (Y/N):	N
ATTORNEY DOCKET NUMBER:	2752-33	COUNTRY:	
CORRESPONDENCE NAME/ADDRESS:	CUSTOMER NUMBER:	000000	TELEPHONE 0000000000
			FAX

NAME: NIXON & VANDERHYE

STREET: 8TH FLOOR
1100 NORTH GLEBE ROAD

CITY: ARLINGTON

STATE/COUNTRY: VA ZIP: 22201

EMAIL:

APPLICATION TITLES:

IDENTIFICATION OF MICROORGANISMS CAUSEING ACUTE RESPIRATORY TRAT INFEC
TIONS

TAB TO LAST POSITION,PUSH SEND